## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## 1999

Principal Place of Business	Mailing Address					
170 South Main St. Rutland, VT 05701	170 South Main S Rutland, VT 057					
`						

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90038 016 \*\*\*150.00

1. Corporation	NENT# 797000 n Name	000	00319								
John ARussell Corporation											
Principal Place	e of Business	M	lailing Address								
170 50	outh Main St.	ι	.70 South Mai	n St.				ļ			
	nd, VT 05701		Rutland, VT					DO NOT WRITE IN THI	S CDAC	_	
Macrai.	,, vi 05/01	-	deraine, v.	05.0.	•			3. Date Incorporated or Qualifed	JOFAC		
•								1/21/97			
2. Principal <sup>3</sup>	lace of Business	2a	. Mailing Address					4. FEI Nur iber		App	lied For
21		26	•					03-0173793			Applicable
Suite, Ap	#, etc.		Suite, Apt. #, etc.			_		5. Certifcare of Status Desired	\$8	75 A	d-litional
22		27						5. Certifica e di Status Desired		ee Req	ı ired
City & Stat	e		City & State					6. Election Campaign Financing			// ау Be
23		28						Trust Fund Contribution		dded to	ees
Zip	- Country	-	Zip	Cou	ntry			8. This corporation owes the current year Ir	tangible		_iNo
24	9. Name and Address of Current	29 Regis	stered Agent	30				Personal Property Tax.  10. Name and Address of New Registered			
	3. Name and Addition	icgi	stered Agent		81	Name		To. Hallo dila yimarada ar Haw Hagistara			
Morris	on, David Esq.					-					
	son & Conroy				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
	th Avenue South				83						
	s, FL 34102				2.1				100	7: 0	
•					84	City		FL	85	Zip Co	orie
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da. Such change was a	. thorized	by t	named he corpo	corpor	ration submits this statement for the purpose of board of directors. I hereby accept the appoint	changi ntment	ng its r as regi	egistered s ered
SIGNATURE	Transial with and accept the obligate	). IS OI	, 5000001 001.0000, 1101	ua Olate	NOS.						
	Signature, typed or printed name of registered agent a	a d title	it applicable. (NOTE	Registered	Agent	signature r	equin-d v	when reinstating) DATE			
12.	C FFICERS AND	DIRE		13.				ADDITIONS/CHANGES TO OFFICERS A			
TITLE	CP		☐ DELETE	1.1 TiT			V	ita Tarani	□ C+	ange	Addition
NAME	Russell, John A. Jr			1.2 NA				ite, Terry Beebe Hill Road			
STREET ADDRESS	Oakridge Drive			Ħ		ADDRESS					
TITLE	-Rutland, $VT-0570l-$		☐ DELETE	1.4 CIT		-ZIP	D	ittenden, VT 05737	CH	ange	Addition
NAME	D			2.7 III				31 71 4 777	_ ·	uge	
STREET ADDRESS	Russell, Martha T.			n		ADDRESS	20	ssell, John A. III 8¹DamoRoâd//			
CITY-ST-ZIP	Oakridge Drive			2.4 Ci		i		ittenden, VT 05737			
TITLE	Rutland, VT 05701		☐ DELETE	3.1 TIT				1000114 11 03,07	Cr	ange	Addition
NAME	V			32 NA	ME		D Ru	ssell, Mark_L			
STREET ADDRESS	Franklin, Wallace H	l <b>.</b>		3.3 ST	REET	ADDRESS		kridge Drive			
CITY-ST-ZIP	Ormsbee Ave. — <del>Proctor, VT</del> —05765-		_	3.4 Cr	TY-ST	- ZIP		tland, VT 05701			
TITLE	<u>гтостог, чт — 05/05</u> ет		☐ DELETE	4.1 TIT	LE		u		☐ Ch	ange	Addition
NAME	Gallipo, James J.			4.2 N/	ME						
STREET ADDRESS	Town Line Road			4.3 STI	REET	ADDRESS					
CITY-ST-ZIP	Rutland, VT 05701			4.4 CIT		ZIP					
TITLE	V		☐ DELETE	5 1 TiT					CH	ange	Addition
NAME	Wirkki, Olavi K.			5.2 NA							
STREET ADDRESS	297 Sycamoore Lane	ά.		4		ADDRESS					
CITY-ST-ZIP	Arlington, VT 0525	HU	☐ DELETE	5.4 CIT		ZIP			Ch	ange	Addition
TITLE	Brown, C. Bennett J	1" .	☐ DEFE IE	6.2 NA		Ì				unge	- Nonling
NAME CTREET ADDRESS	69 Juniper Lane			1		ADDRESS					
STREET ADDRESS	Middlebury, VT 057	153		6.3 3 I							
CiTY-ST-ZIP	ertify that the information conclined with		line dans and modify for	1 34 CH			lin C n	ction 110 07/2 (i) Elevido Statutos I further co	note that	the inf	o mation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3 (i)). Florida Statutes. I further certify that the informationate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURI AND TYPED OR PRINTED NAME OF SIGNING OFFICER CROIRECTOR Jr.,

CPA

Bennett Brown,

Chief Financial Officer

(802) 775-3325

4/13/99

D lytime Phone #